



TB SCREENING QUESTIONNAIRE

1. Within the last 12 months, has a family member or close contact had tuberculosis? **(Yes/No)**

2. Within the last 12 months, has a family member had a positive tuberculosis skin test (PPD)? **(Yes/No)**

3. Within the last 12 months, was your child born in a region that carries a high risk for tuberculosis exposure? (**This does not include North America, Australia, New Zealand or Western Europe**) **(Yes/No)**
If yes, please indicate country _____

4. Within the last 12 months, has your child traveled to or had contact with persons of a country with a high tuberculosis risk for more than one week?(**This does not include North America, Australia, New Zealand or Western Europe**) **(Yes/No)**
If yes, please indicate country_____

(The Red Book 28th edition/2009/p. 684)